MoRE Suggestion Program
Agency Implementation Feedback Form

Dear Agency Coordinator/Contact:

As we continue the process of improving the evaluation and processing of suggestions to reduce cost, improve customer service and improve processes, we have developed the following questionnaire. Please take a few minutes to record responses to the following questions. Your answers will give us an opportunity to better understand the implications and benefits of each suggestion. Additionally, your responses will provide documentation that will enable us to present critical information to the Review Team for a final decision on each suggestion submitted. After you have evaluated the feasibility of each suggestion, please return this document to the State MoRe Coordinator.

1. **Will your department implement this suggestion or idea?** (Select one)

    ☐ YES   ☐ NO

2. **Why?** (Please provide detailed rationale for your decision/response on question #1)

3. **Will this suggestion:** (Check one)

    _____Reduce Cost   _____Generate Revenue

    _____Improve an Existing Process   _____Improve Customer Service

4. **If you answered yes to question #1, when will your agency begin the implementation of this suggestion** (Check one)

    ___1 Week ___1 Month ___ 3 Months ___6 Months ___9 Months ___12 Months

5. **What is your estimated cost of implementing this suggestion?**

    _____$0   _____$100-$500   _____$500-$1000   _____$1000 +

6. **What is the estimated or projected savings this suggestion would generate?**

    _____$0   _____$100-$500   _____$500-$1000   _____$1000 +

7. **How would you document the savings projected in question #6** (Please provide detailed explanation.)

8. **What is the name and contact information of the individual in your department who will ensure implementation and documentation of this suggestion?**

    Name_____Email address_____Telephone ( ) ___-_____